

Iowa Department of Natural Resources

PRIVATE WELL WATER TESTING BACKGROUND INFORMATION

1. Well User: (contact person)

Name: _____	City: _____	State: _____
Address: _____	Zip: _____	Phone: () _____

2. Location of Well: _____ 1/4 of, _____ 1/4 of, _____ 1/4 of, Section _____, T _____ N, R _____ West/East,
_____ County (circle one)

3. Well Identification: a: Only well on property: yes _____ no _____ if no, fill in "b:"

b: Identify well tested: _____

4. Well Description:

Well depth: _____ ft.	Casing material: steel, plastic, concrete, clay, brick, stone
Casing depth: _____ ft.	(circle one)
Casing diameter: _____ in.	Type of construction: drilled, driven, bored, augered, dug
Year or decade constructed: _____	(circle one)
Years used by present user: _____	

5. Well Assessment: **yes no unk** **yes no unk**

is wellhead sealed?				<50' from septic tank?			
is wellhead covered?				<100' from absorption field?			
is wellhead in pit?				<100' from any livestock?			
is visible casing intact?				<100' from fuel tanks?			
is casing >1' above grade?				<300' from chemical storage?			
is cistern in use?				<100' from abandoned well?			
other adverse conditions				other potential contaminants?			
Describe: _____				Describe: _____			

> means "greater than"

< means "less than"

6. List water treatment systems used: _____

7. Where was sample taken? _____ Before _____ or after _____ treatment?

8. Mention any historical contamination of which the owners are aware: _____

9. Form filled out by: _____ **DATE:** _____

10: Water testing record

Date sampled:						
Sample collector:						
Laboratory:						
Coliform: (^{present} / _{absent})						
Nitrate: (as N or NO ₃ ?)						
Other constituents?:						